Chapter 5: State System Supporting and Serving Our Citizens and Communities

North Carolina's Department of Health and Human Services (DHHS) is ultimately responsible for the provision of services to the citizens of North Carolina who experience the most severe forms of mental illness, developmental disabilities and/or substance abuse. The DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) is designated as the organization to oversee those services and to implement mental health reform as required by Session Law 2001-437 under the direction of the Secretary of DHHS. The Division is collaborating with other DHHS divisions as well as other departments of state government as part of the reform effort. The Legislative Oversight Committee and the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services are essential in providing leadership and direction for reform.

One key to reform is the active participation of members of the community – the individuals and family members affected by mental illness, developmental disabilities and/or substance abuse who can best represent the perspective and needs of those we serve. The law calls for the DHHS secretary to appoint a state consumer and family advisory committee (S-CFAC) to work directly with the Division leadership to implement reform. The S-CFAC will be developed during state fiscal year 03/04. Further, to accomplish requirements of reorganizing the DMH/DD/SAS, the secretary of DHHS and the Division's Executive Leadership Team (ELT) reorganized the responsibilities and functions of the Division.

This chapter provides a brief overview of the S-CFAC and of the reorganized DMH/DD/SAS.

State-Consumer and Family Advisory Committee (S-CFAC)

Consistent with the intent of reform efforts, the DHHS secretary will convene a State Consumer Family Advisory Committee (S-CFAC). The S-CFAC, in conjunction with the Division's Executive Leadership Team (ELT), will provide input and conduct oversight of the Division's operations and efforts to accomplish the strategic outcomes of the State Plan. Participation at the state level ensures direct access to the ELT to bring forward the concerns and input of the local CFAC groups in their communities.

The S-CFAC ultimately reports to the DHHS Secretary. Therefore, although the S-CFAC works with the ELT, they may, at any time, report concerns to the Secretary. The S-CFAC will also meet with the Secretary at least annually to provide a summary of the S-CFAC's perspective regarding Division efforts.

During 2002, a workgroup composed entirely of consumers and family members were charged with reviewing the State Plan and making recommendations to the Division regarding involvement of

consumers and families in the new system.[6] Given the breadth of this subject area, two sub-workgroups were formed: one on human rights and one on recommendations regarding the consumer/family advisory committees (CFACs). As a result, the workgroup formulated the following final recommendations or advice to the Division regarding the implementation of the S-CFAC.

S-CFAC Purpose and Work Plan

The workgroup endorsed the purpose, roles and responsibilities of the S-CFAC as expressed in the State Plan and the Division's Re-organization Plan. As stated in the State Plan, the roles and responsibilities of the S-CFAC will be established according to specifications in the state's strategic plan. They must be consistent with the principles of the State Plan and address the following:

- Advise and comment on all state and local plans.
- Recommendations on areas of service eligibility and service array, including identifying gaps in services.
- Assist in the identification of under-served populations.
- Provide advice and consultation regarding development of additional services and new models of service.
- Participate in monitoring service development and delivery.
- Review and comment on the state and local service budgets.
- Observe and report on the implementation of state and local business plans.
- Participate in all quality improvement activities, including tracking and reporting on outcome measures and performance indicators.
- Ensuring consumer and family participation al all quality improvement projects at both the provider and LME levels.
- S-CFAC develops an interaction and operationalization protocol with local C-FACS.

The S-CFAC work plan should be developed by the S-CFAC membership with direction from the DHHS Secretary and the Division Director. However, the workgroup noted the following material as being pertinent to the S-CFAC's work plan development.

- "Report of the assessment provided by the State–Consumer Advisory Committee and added to the annual revision of the State Plan," (*State Strategic Business Plan*, 2002, Item I.A-1).
- "State–Consumer Advisory Committee assesses the Division's progress in obtaining meaningful involvement of consumers and families in planning activities and presents report to the LOC annually" (*State Strategic Business Plan,* 2002, Item I.A-3).

[6] During 2002, the Division established three State Plan committees charged with planning and making recommendations regarding implementation of the State Plan. These committees were divided into various workgroups. Implementation Committee 2, on Quality Care, included a Consumer/Families and Human Rights Workgroup composed entirely of consumers and family members. The membership of the State Plan implementation committees and their workgroups can be found in *State Plan 2002: Blueprint for Change*, Appendix A. These committees and workgroups completed their tasks during 2002.

- "Quarterly reports by S-CFAC provided to the Secretary and added to Division reports," (*State Strategic Business Plan,* 2002, Item II.B-1).
- "[S-CFAC] Members assigned to various workgroups and implementation teams and supported in their participation," (*State Strategic Business Plan,* 2002, Item II.B-1).

S-CFAC Membership

- The S-CFAC should consist of not more than twenty (20) members.
- There should be equal representation of individual consumers and family members of consumers (parent, spouse, sibling or guardian).
- There should be equal representation of each of the following four (4) disability groups: mental health, developmental disabilities, substance abuse and co-occurring disabilities (persons with more than one disability, e.g., MH/DD, MH/SA, DD/SA).
- The representation for each of the above four (4) disability groups should be as follows:
    - Up to two adult consumers.
    - One youth consumer (minor).
    - One family member of an adult consumer.
    - One family member of a youth Consumer (minor).
- Membership on the S-CFAC should not be limited to individuals who are members of local CFACs. At least 16 S-CFAC members should be local (LME) CFAC members. Not more than one member from the same local CFAC should serve on the S-CFAC at the same time.

- The S-CFAC membership should reflect the population of the State in terms of race, gender, ethnicity, culture, age and geography. Geographical considerations should include proportional representation from both rural and urban areas and from each of the three regions established by *State Plan 2002: Re-Organization Plan*. The S-CFAC will reflect an equal representation of all disability groups as well as race and ethnicity of the community, and include a man, a woman, and a youth member. (Family members may represent children. While a parent may represent the needs of adult consumers, they may not replace having adult consumers on the committee.)

The recommended size of the S-CFAC is sufficiently large to allow for effective and appropriate representation in acknowledgement of:

- The primacy of the S-CFAC as a vehicle for advancing State Plan principles and vision regarding consumer and family involvement and continuous quality improvement.
- The distinctive and often evolving needs of individual consumers of varying age with separate and/or co-occurring disabilities.
- The needs of children and of those adults who are unable to advocate for themselves.
- The different and unique needs of families of consumers as distinct from those of the consumers.
- The geographical, racial, gender, ethnic and cultural diversity of the State.

Term of Office

1. The term of service should be three (3) years, with the following exceptions for the initial membership:

(a) Six members would be appointed for an initial one-year term,

(b) Six members would be appointed for an initial two-year term, and

(c) Eight members would be appointed for an initial full three-year term.

2. All subsequent appointments would be for a three-year term.

3. Members appointed for an initial one or two-year term could be re-appointed for a subsequent full three-year term.

4. Individuals should not be appointed for more than two consecutive terms.

Member Selection

Nominations

1. Nominations for appointment by the DHHS Secretary to the S-CFAC should be invited from local CFACs, consumer and family advocacy organizations and other groups to produce a maximally diverse pool of nominees consistent with the compositional criteria.

2. Special attention should be paid to the recruitment of potential nominees from under-represented groups, particularly Hispanics.

3. Self-nominations from individual consumers and family members should be encouraged.

4. Nominations should be promoted through the placement of notices in local newspapers, on the web and by circulating a form that could be used by consumers and family members to express interest in serving.

5. The nomination form should allow an interested person to list pertinent experience, skills and interests. The form should invite:

- Evidence of pertinent advocacy and other related experience.
- Knowledge of the service and support needs of persons in one or more of the four disability groups (see Composition above).
- A statement as to why the person wants to be considered for appointment.

6. Nominations/nomination forms should go directly to the DHHS Secretary or his/her designee.

Selection Process

The workgroup supported the DHHS Secretary, as the appointing authority, to develop and carry out an open and inclusive S-CFAC selection process consistent with mental health reform legislation, DHHS policy and goals, and the guiding principles and vision expressed in the State Plan. Political affiliation should not be a factor in selecting S-CFAC members.

Times, Dates and Places of Meetings

The work group stated that the S-CFAC membership should determine operational matters with guidance from the DHHS Secretary and the Division Director and with reference to pertinent requirements in the State Plan, the state's strategic plan and the Division's re-organization plan. It was noted that the Division's reorganization plan implies that the S-CFAC will meet at least monthly with the ELT or other staff as needed. In addition to meeting annually with the DHHS Secretary, the S-CFAC may contact the DHHS Secretary at any time regarding concerns about the Division.

Support to Consumer/Family Members to Ensure Meaningful Participation

The workgroup recommended that action on this matter be assigned to the appropriate Division staff and/or teams as soon as possible. The workgroup offered to assist with these tasks, including the identification of prime and time sensitive support components necessary to ensure the successful recruitment, selection and participation of CFAC members.

The following are identified as important support elements requiring immediate attention:

- The establishment of realistic and appropriate supports, per diems, transportation/travel and subsistence allowances or stipends, including transportation and subsistence advances, necessary to encourage and permit the participation of low income consumers and family members on the S-CFAC.
- The establishment of realistic and appropriate childcare, eldercare and respite care allowances as needed to encourage and permit consumer and family participation on the S-CFAC.

Support for consumer and family participation is addressed directly or obliquely at several places in the 2002 State Strategic Business Plan, including:

- Item I.A-3 (d) includes a task/strategy "Develop mechanisms that support meaningful and ongoing involvement of consumers/families in all sub-plans required by this strategic plan.
- Item II.B-4 (a) includes a task/strategy "Disseminate guidelines for consumer involvement and/or participation to prospective LMEs." The associated outcome/product is "Consumer/family guidelines disseminated and added to LOC quarterly report."
- Item II.B-5 (a) includes a task/strategy "Establish a process for recruiting and supporting consumers/family members as participants on boards & commissions." It assigns the associated outcome/product to the Office of Advocacy and Customer Services.
- Item II.B-5 (b) includes a task/strategy "Assign responsibility for implementation and oversight of necessary and effective supports for consumers/family members to ensure ongoing participation and meaningful involvement." It assigns the associated outcome/product to the Office of Advocacy and Customer Services.

- Item IV.E-3 (d) includes a task/strategy “Create training and information opportunities, including material development and financial and other supports, to support the education and leadership development of consumers and families.”

The workgroup stated that the combination of the above will provide ongoing support for meaningful participation by S-CFAC members. However, they expressed concern that the various timetables for task completion must generate the essential early support necessary for a vibrant and effective S-CFAC.

S-CFAC Reporting Process

Finally, the workgroup stated that the S-CFAC’s reporting process should be developed by the S-CFAC membership with appropriate direction from the DHHS Secretary and the Division Director and in concert with applicable elements of the State Plan, the reorganization plan, the state’s strategic plan and local business plan requirements.

Division of Mental Health, Developmental Disabilities and Substance Abuse Services Organization

The leadership of the Division has implemented a new organizational structure that is established for the pursuit and advancement of the State Plan and reform efforts. The new structure is composed of the Director’s Office and five sections – Administrative Support, Advocacy and Customer Services, Community Policy Management, State-Operated Services and Resource/Regulatory Management. The Division is further organized into teams, each of which is responsible for a particular substantive and technical area of expertise. Teams work with and across sections and teams, recognizing that in order to accomplish anything we rely on each other. The following is a summary of the function of the sections and teams in the new organizational structure. A more complete description of the organizational structure is available on the Division’s web site at http://www.dhhs.state.nc.us/mhddsas/stateplanimplementation/index.html.

Advocacy and Customer Services

This section is responsible for leading the Division’s efforts to create a community where people with disabilities are valued and treated with dignity, and where stigma, accompanying attitudes, discrimination and other barriers to recovery are eliminated. It is composed of the following three teams:

Consumer Empowerment: This team ensures consumer and advocacy voice and disability representation in Division planning implementation, management and improvement efforts and is responsible for:

- Assisting in the development of local grass roots consumer controlled advocacy groups and organizations.
- Providing technical assistance and consultation to local consumer and family advisory committees (CFACs).

- Monitoring the efforts and achievements of the local CFACs to ensure their empowerment to perform their role/responsibilities.
- Providing support and technical assistance to self-advocacy initiatives.

Customer Services and Community Rights: This team has three key responsibilities:

- Ensuring the rights protection of consumers being served in the community.
- Providing a response system for customer complaints and appeals.
- Monitoring the community customer services systems.

State Facility Advocates: This team is responsible for ensuring that the rights of consumers are protected. Advocates manage case investigations and system improvement efforts for client advocacy services provided for residents of state-operated services.

Community Policy Management

This section is primarily responsible for leadership, guidance and management of relationships with local management entities (LMEs). This section is recognized as the responsible public policy and oversight agent. This section will collaborate with a wide variety of public and private partners and customers to promote recovery through the reduction of stigma and barriers to services. Special emphasis is placed on relationships with federal departments and agencies. This section performs the functions of the single state agency (SSA) for substance abuse and of the state methadone authority. It also performs the functions of the single state agency (SSA) for mental health and developmental disabilities as required by federal law. This section is composed of the following five teams:

Best Practice and Community Innovations: The primary purposes of this team are improving and strengthening the system through development of best practice platforms and models and establishing a system that more effectively connects services and research, with the goal of providing treatment, services and supports based on the best scientific evidence.

Justice System: Relative to justice systems, this team will continuously research, disseminate and advance relevant best practice and innovations in the areas of mental health, developmental disabilities, substance abuse and specialty supports and services. Further, it will implement and manage unique programs and special projects.

Local Management Entity Systems Performance: The responsibilities of this team include:

- Leading and coordinating the Division's efforts to develop, negotiate, monitor and manage contracts with the local management entities (LMEs).
- Coordinating across Division teams to conduct scoped site reviews of LMEs when there is evidence of problems with specific areas of best practice or emerging best practice or compliance, performance and/or outcomes.

Prevention and Early Intervention: Designated as the Office of Substance Abuse Prevention, this team will also develop an appropriate evidence based prevention framework for mental health and developmental disabilities. Responsibilities include early intervention services for children and coordination of many of the Division's financially related agreements, grants and contracts.

Quality Management: The primary purpose is to establish for Division, state-operated facilities, LMEs, providers and contracts the standards of quality and required performance measures specifying how quality is defined, monitored and managed.

Resource and Regulatory Management

This section is responsible for supporting the efforts and ensuring accountability of all operations of the Division. This section is composed of the following five teams.

Accountability: This team is responsible for ensuring overall fiscal integrity within the Division including state-operated services and the community system, including:

- Ensuring compliance with federal and state regulations, standards and policies and assuring fiscal oversight.
- Monitoring fiscal audit standards and financial regulatory standards in the field as well as the Division's efforts of fiscal oversight.

Budget and Finance: This team is responsible for comprehensively planning, developing, implementing and managing budget (expenditures) and finance (revenue) strategies for the Division's total budget. During State Plan implementation, emphasis focuses on changes in the service financing structure to maximize resources and support additional community capacity building.

Contract Management: This team will support the implementation of the State Plan in three primary areas:

- Ensuring contracts are performance based, monitored and developed in accordance with all state and federal requirements.
- Ensuring compliance with all federal requirements related to block grants, cooperative agreements, contracts and other grants.
- Managing property, maintenance, surplus disposal, purchasing and employee parking.

Information Systems: This team is responsible for comprehensive planning, developing, implementing, managing and improving the Division's computer network, warehouse, hardware, software and technical support functions, including: systems such as the state Health Enterprise and Accounts Receivable Tracking System (HEARTS) and the Integrated Payment and Reporting System (IPRS) and all data sources; and coordination with DHHS information technologies and systems efforts.

Regulatory: This team is responsible for ensuring regulatory compliance, including:

- Coordination of Medicaid waiver and State Plan developments with DHHS.
- Management of Division responsibilities regarding DWI and drug enforcement.
- Completion of pre-admission screening and annual resident reviews (PASARR).
- Completion of Intermediate Care Facility-Mental Retardation (ICF-MR) level of care determinations.
- Completion of provider enrollments.
- Provision of interpretations of federal and state regulations.

State-Operated Services

This section ensures exemplary practice related to the operations of state facilities and the transition from state-operated services to community capacity developments. The Division holds a dual role as manager and provider of state-operated services and facilities and is held to the same quality and best practice standards as are local management entities (LMEs) in overseeing local service delivery. State-operated services and facilities will be organized into three teams corresponding to three regions of the state – west, central and east – to allow for a more effective and efficient system.

Administrative Support

This section is responsible for providing administrative support and ensuring coordination with DHHS for all operations components of the Division. It is composed of the three following teams.

Communication and Training: This team is responsible for:

- Increasing public awareness regarding the efforts of the Division, particularly as related to reform.
- Coordinating media relations for the Division with DHHS.
- Developing and disseminating information and communications regarding Division activities.
- Developing a comprehensive training plan for advancing Division members' competencies in coordination with Human Resources.
- Developing training opportunities necessary for carrying out reform efforts.
- Serving as the liaison to universities, community colleges and AHECs to facilitate training for the State Plan.
- Development strategies to address workforce issues.

Division Affairs: This team is responsible for:

- Advancing collaborative efforts among divisions of DHHS.
- Participating in and creating new partnerships to foster reform.
- Coordinating the development of rules, policy and legislation with DHHS and serving as legislative liaison for the Division.
- Managing and monitoring Division programmatic due process appeals functions.
- Staffing and supporting the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services.

Planning: This team is responsible for:

- Providing technical oversight and coordination in implementing and managing the State Plan and the Strategic Plan and related reports.
- Providing a range of technical planning assistance (from brief consultation to plan management) for all Division planning endeavors.
- Service in the role of project manager for specific initiatives.

The Division's reorganization plan was reviewed and approved by the Division's Reorganization Stakeholder Advisory Committee, the DHHS secretary and the DHHS assistant secretary of health

in November 2002. Implementation of the plan was completed in March 2003. A copy of the organizational structure is offered as appendix C.